



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

City of Winchester
Administration Department
15 North Cameron Street
Winchester, VA 22601
540-667-1815
Job Line 540-667-1815 ext. 1449
TDD 540-722-0782
FAX 540-722-3618
www.winchesterva.gov

Date: _____

Position(s) Applied for: _____

Type of Work: Full Time () Part Time () Temporary () Seasonal ()

Name: _____
First Middle Last

Present Address: _____
Street

City State Zip

Home Phone: _____ Message Phone: _____

If employed, when could you begin work? _____

Do you have a valid driver's license? () Yes () No

Driver's License Number _____

Issuing State _____ Expiration Date _____

Date of Birth: _____

Note: The Age Discrimination Act prohibits discrimination of individuals who are at least 40 but less than 70 years of age.

Have you worked for the City in the past?

() Yes () No

If yes, when _____

Department _____

Commercial Driver's License? () Yes () No

CDL No.: _____

Class of Commercial License: _____

If you are/were required to register for the Selective Service, have you done so? () Yes () No

If no, state reason: _____

Have you ever pleaded guilty to, or been convicted of: A misdemeanor? _____ A felony? _____

If yes, state type and date: _____

EDUCATION RECORD

Name and location of last elementary or high school attended: Highest Grade Date

Name: _____ Location: _____ Completed: _____ Completed: _____

If you did not complete high school, do you have a high school equivalency diploma (GED)? () Yes () No

If yes, please state when and where received: _____

Name and location of college or other institution:	Year of Degree	Type of Degree	Major & Minor Fields of Study
_____	_____	_____	_____
_____	_____	_____	_____

If you expect to complete your educational program in the near future, please indicate the type of degree and when you expect to receive it: _____

Please list professional memberships, certificates, licenses, honors, fellowships, etc.: _____

PERSONAL REFERENCES: (Persons not related to you who know your qualifications or know your character.)

Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

Employees of the City and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, disability, gender, age or political affiliation.

NO RESUME WILL BE ACCEPTED UNLESS ACCOMPANIED BY A FULLY COMPLETED APPLICATION

Work History: Give a complete record of your employment history including part time work, military service and volunteer experience. List all experience in order, starting with your present or most recent position and working back. Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment. Additional experience forms are available, if needed.

May we contact your present employer? () Yes () No

Company/Employer: _____	Full-time () Part-time () Title: _____
Address: _____	Dates employed: _____ to _____
_____	Duties: _____
Phone: _____	_____
Immediate Supervisor: _____	_____
Title: _____	Reason for Leaving: _____
Your name if different from present: _____	Starting Salary: _____ Last Salary: _____

Company/Employer: _____	Full-time () Part-time () Title: _____
Address: _____	Dates employed: _____ to _____
_____	Duties: _____
Phone: _____	_____
Immediate Supervisor: _____	_____
Title: _____	Reason for Leaving: _____
Your name if different from present: _____	Starting Salary: _____ Last Salary: _____

Company/Employer: _____	Full-time () Part-time () Title: _____
Address: _____	Dates employed: _____ to _____
_____	Duties: _____
Phone: _____	_____
Immediate Supervisor: _____	_____
Title: _____	Reason for Leaving: _____
Your name if different from present: _____	Starting Salary: _____ Last Salary: _____

Use this space for any special qualifications and skills (i.e., skills with construction or office equipment, publications, etc.) or additional information that you feel will help us to evaluate your application. _____

Job Applicant's Certification & Authorization for Release of Information

I have applied for employment with the City of Winchester and I certify that the information given by me in this application is true in all respects. I agree, if I am employed and information is found to be false in any way, I am subject to dismissal without notice. I am aware that my background is to be investigated and, upon presentation of this release or copy hereof, I hereby authorize you to furnish the City of Winchester any information you have concerning me, my work performance, driving record, school record, my credit status and criminal record.

I hereby waive all rights to view or have access to any information given in confidence to the City of Winchester as part of the employment investigation. I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested.

Date

Signature of Applicant

“The City of Winchester - Providing quality services to our citizens in a cost-effective, efficient and courteous manner, while anticipating the future needs of our community.”

City of Winchester Applicant Affirmative Action Data Form

CONFIDENTIAL (For Reporting Purposes Only)

The City of Winchester has an Affirmative Action program to ensure equal employment opportunity in its hiring practices. We are asking you to voluntarily help us monitor the effectiveness of our program by completing the affirmative action data below. The completion of this form is voluntary and refusal to complete it will not subject applicant to any adverse treatment. This form will be filed separately from your application and the provided information will not be used to discriminate against you in any way. Thank you.

Application for the Position of: _____

Name (Optional): _____
First Middle Last

Date of Birth: _____ Gender: _____ Male _____ Female

Ethnic Origin (Check only one):

- () White – includes persons of Arabian descent
- () Black – includes Jamaicans, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent
- () Hispanic – includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture
- () Asian American – includes Pakistanis, Indians and Pacific Islanders

Disability: _____ Yes _____ No If yes, enter the primary disability code (____)
(See reverse side of this form for codes)

How did you learn about the job for which you are applying?

- | | |
|---|-----------------------------------|
| () Virginia Employment Commission | () From a friend |
| () Magazine/Journal: (name) _____ | () From a City employee |
| () Job Fair: (date) _____ | () Telephoned our offices |
| () Employment Agency _____ | () Vacancy List/Job Line |
| () Local newspaper: (name) _____ | () Cable T.V. – WCT Channel 20 |
| () Out of town newspaper: (name) _____ | () City web site |
| () Other: (Please specify) _____ | () America's Job Bank (internet) |

Policy Statement

The City of Winchester is an Equal Opportunity Employer. Human Resource management within the City shall be implemented free from such prohibited practices as discrimination, sexual harassment, or any other conduct inconsistent with sound merit principles. It shall provide equal employment opportunity to all employees in the competitive service of the City and all applicants for such service on the basis of fitness and job-related qualifications without regard to race, color, religion, national origin, political affiliation, disability, gender or age (except where such constitute a bona fide occupational qualification). The City will undertake a program of affirmative action to make widely known that equal employment opportunities are available on the basis of merit and to actively encourage all persons to seek employment and to strive for advancement on this basis.

Disability Self-Identification Form

(Enter the 2 digit number of any applicable disability in the disability code box on the reverse side of this page.)

SPEECH

- 01 Severe speech malfunction or inability to speak; hearing is normal. Examples: defects of articulation (unclear language sounds); stuttering, aphasia (impaired language function); laryngectomy (removal of voice box)
- 02 Other speech disability (specify)

HEARING

- 03 Hard of hearing (total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)
- 04 Total deafness in both ears, with understandable speech
- 05 Total deafness in both ears and unable to speak clearly
- 06 Other hearing disability (specify)

VISION

- 07 Ability to read ordinary size print with glasses but with loss of peripheral, or side vision (restriction of the visual field to the extent that mobility is affected – “tunnel vision”)
- 08 Inability to read ordinary size print, or use assisting glasses (can read oversized print, not correctable by devices such as glass or projector modifier)
- 09 Blind in one eye
- 10 Blind in both eyes (no usable vision, may have some light perception)
- 11 Other vision disability (specify)

MISSING EXTREMITIES

- 12 One hand
- 13 One arm
- 14 One foot
- 15 One leg
- 16 Both hands or arms
- 17 Both feet or legs
- 18 One hand or arm and one foot or leg
- 19 One hand or arm and both feet or legs
- 20 Both hands or arms and one foot or leg
- 21 Both hands or arms and both feet or legs
- 22 Other missing (specify)

MOVEMENT: (Because of chronic pain, stiffness or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body).

- 23 One or both hands
- 24 One or both feet
- 25 One or both arms
- 26 One or both legs
- 27 Hip or pelvis
- 28 Back
- 29 Other movement disability, not paralysis (specify)
- 30 Any combination of two or more parts of the body (specify)

PARTIAL PARALYSIS: (Because of brain, nerve or muscle problem including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms and/or trunk).

- 31 One hand
- 32 One arm, any part
- 33 One leg, any part
- 34 Both hands
- 35 Both legs, any part
- 36 Both arms, any part
- 37 One side of body, including one arm and one leg
- 38 Three or more major parts of the body (arms and legs) (specify)

- 39 Other partial paralysis (specify)

COMPLETE PARALYSIS: (Because of brain, nerve or muscle problem including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms and/or trunk).

- 40 One hand
- 41 Both hands
- 42 One arm
- 43 Both arms
- 44 One leg
- 45 Both legs
- 46 Lower half of body, including legs
- 47 One side of body, including one arm and one leg
- 48 Three or more major parts of the body (arms and legs)
- 49 Complete paralysis
- 50 Other partial paralysis (specify)

MENTAL RETARDATION: (A chronic and lifelong condition involving a limited ability to learn to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitative agency under section 213.3 102[t] of Schedule A)

- 51 Mild: Intelligence test scores are 50 or 55 to approximately 70; individuals can usually master basic academic skills.
- 52 Moderate: Intelligence test scores range from 35 to 40 to 50 or 55; many trainable individuals function at this level.
- 53 Severe: Intelligence test scores range from 20 or 25 to 35 to 40; individuals require continuing and close supervision.
- 54 Profound: Intelligence test scores are below 20 or 25; individuals require continuing and close supervision.

MENTAL AND EMOTIONAL ILLNESS: (A history of treatment for mental or emotional problems)

- 55 Chronic Mental: Severe and/or persistent mental or emotional disorder that seriously impairs functioning relative to primary aspects of daily living.

OTHER DISABILITIES:

- 56 Heart disease with no restriction of limitation of activity (history of heart problems with complete recovery)
- 57 Heart disease with restriction or limitation of activity
- 58 Convulsive disorder (e.g. epilepsy)
- 59 Blood diseases (e.g. sickle cell anemia, leukemia, hemophilia)
- 60 Controlled diabetes with no restriction of activity
- 61 Diabetes with limitation of activity due to complications such as retinitis, neuritis, etc.
- 62 Pulmonary or respiratory disorders (e.g. tuberculosis, emphysema, asthma)
- 63 Kidney dysfunctioning
- 64 Cancer – a history of cancer with complete recovery
- 65 Cancer – undergoing surgical and/or medical treatment
- 66 Severe distortion of limbs and/or spine; for example: dwarfism, kyphosis (severe distortion of back)
- 67 Disfigurement of face, hands, or feet, for example, distorted features on skin, such as those caused by burns, gunshot injuries, and birth defects (gross facial birthmarks, club feet, etc.)
- 68 Learning disabled (perceptual handicaps, minimal brain dysfunction, dyslexia and developmental aphasia)
- 69 Chronic Fatigue Syndrome
- 70 Fibromyalgia
- 71 Other (specify)